

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214524053						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: WOODWARD GOVERNOR COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS, INC. 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: F1548116</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>150,000,000</td> </tr> <tr> <td>PREFER</td> <td>10,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	150,000,000	PREFER	10,000,000
CLASS	AUTHORIZED							
COMMON	150,000,000							
PREFER	10,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1000 E DRAKE ROAD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FT COLLINS, CO 80525</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS A GENDRON TITLE: P/CEO/CHM OF BD ADDRESS: 1000 EAST DRAKE ROAD CITY/ST/ZIP/CO: FORT COLLINS, CO 80525 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS A GENDRON TITLE: P/CEO/CHM OF BD ADDRESS: 1000 EAST DRAKE ROAD CITY/ST/ZIP/CO: FORT COLLINS, CO 80525	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARTIN V GLASS TITLE: PRES-AIRFRAME ADDRESS: 7320 NORTH LINDER AVE CITY/ST/ZIP/CO: SKOKIE, IL 60077 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARTIN V GLASS TITLE: PRES-AIRFRAME ADDRESS: 7320 NORTH LINDER AVE CITY/ST/ZIP/CO: SKOKIE, IL 60077	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
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NAME:	A CHRISTOPHER FAWZY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GC/S/CCO		
ADDRESS:	1000 E DRAKE RD		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525		
NAME:	STEVEN J MEYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, HUMAN RESOU		
ADDRESS:	1000 EAST DRAKE ROAD		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525		
NAME:	MATTHEW F TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, SUPPLY CHAI		
ADDRESS:	1000 EAST DRAKE ROAD		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525		
NAME:	ROBERT F WEBER JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VC/CFO/T		
ADDRESS:	1000 EAST DRAKE RD		
CITY/ST/ZIP/CO:	FOR COLLINS, CO 80525		
NAME:	JOHN D COHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 EAST DRAKE ROAD		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525		
NAME:	PAUL DONOVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 EAST DRAKE ROAD		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525		
NAME:	JOHN A HALBROOK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 EAST DRAKE RD		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525		
NAME:	MARY L PETROVICH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 EAST DRAKE ROAD		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525		
NAME:	LARRY E RITTENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 EAST DRAKE ROAD		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525		
NAME:	JAMES R RULSEH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 EAST DRAKE ROAD		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525		
NAME:	DR. RONALD M SEGA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 EAST DRAKE ROAD		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGG C SENGSTACK DIRECTOR 1001 EAST DRAKE ROAD FORT COLLINS, CO 80525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ A CHRISTOPHER FAWZY <hr/> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	A CHRISTOPHER FAWZY, VP/GC/S/CCO <hr/> PRINTED NAME AND CORPORATE TITLE	5/6/2014 <hr/> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			